

**BEFORE THE
PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation

Against:

TUAN MANH LE, P.A.

Physician Assistant

License No. PA-15503

Respondent.

Case No: 1E-2004-157516

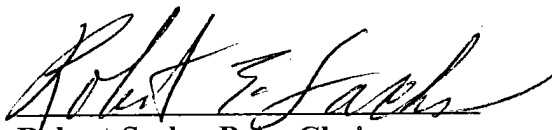
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted as the Decision and Order by the Physician Assistant Committee, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 23, 2006

ORDERED January 24, 2006

PHYSICIAN ASSISTANT COMMITTEE


Robert Sachs, P.A., Chairperson

1 BILL LOCKYER, Attorney General
of the State of California
2 STEVEN H. ZEIGEN, State Bar No. 60225
Deputy Attorney General
3 California Department of Justice
110 West "A" Street, Suite 1100
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8

9
10 **BEFORE THE**
PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 1E-2004-15⁷516

13 TUAN M. LE, PHYSICIAN ASSISTANT
11075 Crater Drive
14 San Diego, CA 92126

OAH No. L2005050067

15 4029 Euclid Avenue
16 San Diego, CA 92105

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 Physician's Assistant License No. PA-15503

18 Respondent.
19

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
21 above-entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Richard L. Wallinder, Jr. (Complainant) is the Executive Officer of the
24 Physician Assistant Committee. ("Committee") He brought this action solely in his official
25 capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of
26 California, by Steven H. Zeigen, Deputy Attorney General.

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2. Respondent TUAN M. LE, Physician Assistant (Respondent) is represented in this proceeding by attorney Michael Levin, whose address is 3727 Camino del Rio South, Suite 200, San Diego, CA 92108.

3. On or about November 8, 2000, the Physician Assistant Committee issued Physician's Assistant License No. PA-15503 to TUAN M. LE, P. A. (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation No. 1E-2004-154516 and will expire on January 31, 2006, unless renewed.

JURISDICTION

4. Accusation No. 1E-2004-15⁷4516 was filed before the Physician Assistant Committee for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 29, 2005. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 1E-2004-15⁷4516 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 1E-2004-15⁷4516. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 Respondent shall complete the Program not later than six months after
2 respondent's initial enrollment unless the Committee or its designee agrees in writing to a later
3 time for completion. In the event respondent fails to complete the program within said period,
4 his license shall be suspended upon written notification of such failure by the Committee or its
5 designee and the suspension shall remain in effect until written notice from the Committee or its
6 designee that respondent has successfully completed the Program.

7 2. MONITORING/SUPERVISION Within 30 days of the effective date of
8 this decision, respondent shall submit to the committee or its designee for its prior approval a
9 plan of practice in which respondent's practice shall be monitored by a supervising physician
10 responsible for patients treated by the physician assistant.

11 If the supervising physician/monitor resigns or is no longer available, respondent
12 shall, within 15 days, move to have a new supervising physician/monitor appointed, through
13 nomination by respondent and approval by the committee.

14 Respondent shall not practice as a physician assistant until the supervising
15 physician is approved by the committee, nor shall the Committee unreasonably withhold its
16 approval.

17 3. MAINTENANCE OF PATIENT MEDICAL RECORDS Respondent
18 shall keep written medical records on all patient contacts (including all visits and phone calls).

19 All medical records originated by the respondent shall be reviewed, initialed, and
20 dated daily by a supervising physician.

21 This condition shall be required for the first two years of probation.

22 4. ON-SITE SUPERVISION Respondent shall have at all times on-site
23 supervision by an approved supervising physician. On those occasions when the supervising
24 physician has to temporarily leave the premises of the medical practice, respondent shall be able
25 to continue to treat patients, provided respondent can communicate with the supervising
26 physician by way of telephone or cellular communications, and the supervising physician is able
27 to return within four hours of his/her leaving the practice.

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1 5. NOTIFICATION OF EMPLOYER AND SUPERVISING PHYSICIAN

2 Respondent shall notify his current and any subsequent employer and supervising physician(s) of
3 his discipline and provide a copy of the Stipulation, Decision, and Order to each such employer
4 and supervising physician(s) during his period of probation, at the onset of that employment.
5 Respondent shall ensure that each employer informs the Committee, or its agent, in writing
6 within thirty (30) days, verifying that the employer and supervising physician(s) have been
7 informed of this Stipulation and Order.

8 6. FILE MONTHLY PROBATION REPORTS Respondent shall submit

9 monthly declarations under penalty of perjury on forms provided by the committee or its
10 designee, stating whether there has been compliance with all the conditions of probation.

11 7. OBEY ALL LAWS Respondent shall obey all federal, state, and local

12 laws, and all rules governing the practice of medicine as a physician assistant in California, and
13 remain in full compliance with any court ordered criminal probation, payments, and other orders.

14 8. QUARTERLY REPORTS Respondent shall submit quarterly

15 declarations under penalty of perjury on forms provided by the Committee or its designee, stating
16 whether there has been compliance with all the conditions of probation.

17 9. PROBATION SURVEILLANCE PROGRAM COMPLIANCE

18 Respondent shall comply with the committee's probation surveillance program. Respondent
19 shall, at all times, keep the Committee informed of his addresses of business and residence which
20 shall both serve as addresses of record. Changes of such addresses shall be communicated in
21 writing to the Committee within ten (10) days of the change. Under no circumstances shall a
22 post office box serve as an address of record, except as allowed by California Code of
23 Regulations 1399.523.

24 Respondent shall, at all times, maintain a current and renewed physician assistant
25 license.

26 Respondent shall also immediately inform the committee, in writing, of any travel
27 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more
28 than thirty (30) days.

1 10. INTERVIEW WITH MEDICAL CONSULTANT Respondent shall
2 appear in person for interviews with the Committee's medical or expert physician assistant
3 consultant upon request at various intervals and with reasonable notice.

4 11. TOLLING FOR OUT-OF -STATE PRACTICE OR RESIDENCE The
5 period of probation shall not run during the time respondent is residing or practicing outside the
6 jurisdiction of California. If, during probation, respondent moves out of the jurisdiction of
7 California to reside or practice elsewhere, including federal facilities, respondent is required to
8 immediately notify the committee in writing of the date of departure and the date of return, if
9 any.

10 12. INITIAL PROBATION INTERVIEW Respondent shall appear in person
11 for an initial interview with a designee of the Committee within 90 days of the final decision.
12 Respondent shall subject himself to an initial interview at a time and place determined by the
13 committee or its designee.

14 13. UNANNOUNCED CLINICAL SITE VISIT At least once per calendar
15 year, or more frequently as determined by the committee or its designee, unannounced clinical
16 site visits shall be made by the Committee or its designee to ensure that respondent is complying
17 with all terms and conditions of probation.

18 14. COMPLETION OF PROBATION Upon successful completion of
19 probation as determined by the Committee's executive officer, respondent's license will be fully
20 restored. After having successfully completed at least half the probation term in good standing,
21 respondent may petition for early termination of probation.

22 15. VIOLATION OF PROBATION If respondent violates probation in any
23 respect, the Committee, after giving respondent notice and the opportunity to be heard, may
24 revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition
25 to revoke probation is filed against respondent during probation, the Committee shall have
26 continuing jurisdiction until the matter is final, and the period of probation shall be extended
27 until the matter is final.

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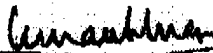
16. COST RECOVERY Respondent agrees to pay the costs of investigation and prosecution of this matter in the amount of \$3,750. The Committee agrees the payment of these costs will be spread over the life of respondent's probation in amounts to be determined between the Committee and respondent.

17. VOLUNTARY LICENSE SURRENDER Following the effective date of this probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his license to the committee. The Committee reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will no longer be subject to the terms and conditions of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael Levin. I understand the stipulation and the effect it will have on my Physician's Assistant License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Physician Assistant Committee, Medical Board of California.

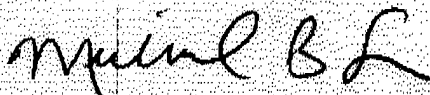
DATED: 12/02/2005


TUAN M. LE, P.A.
Respondent

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1 I have read and fully discussed with Respondent TUAN M. LE, P.A., the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4 DATED: 12/2/05

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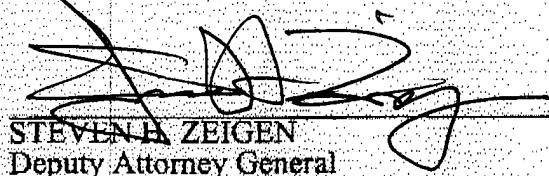
6 MICHAEL LEVIN
7 Attorney for Respondent

8
9 **ENDORSEMENT**

10 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
11 submitted for consideration by the Physician Assistant Committee, Medical Board of California
12 of the Department of Consumer Affairs.

13
14 DATED: 12/2/05

15
16 BILL LOCKYER, Attorney General
17 of the State of California

18 
19 STEVEN H. ZEIGEN
20 Deputy Attorney General

21 Attorneys for Complainant

22 DOJ Matter ID: SD2005700089
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Exhibit A

Accusation No. 1E-2004-154516

BILL LOCKYER, Attorney General
of the State of California
STEVEN H. ZEIGEN, State Bar No. 60225
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Attorneys for Complainant

BEFORE THE
PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TUAN M. LE, PHYSICIAN ASSISTANT
4029 Euclid Avenue
San Diego, CA 92105

Physician's Assistant License No. PA-15503

Respondent.

Case No. 1E-2004-157516

OAH No.

A C C U S A T I O N

Complainant alleges:

PARTIES

1. Richard L. Wallinder, Jr. (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Physician Assistant Committee, Department of Consumer Affairs.

2. On or about November 8, 2000, the Physician Assistant Committee issued Physician's Assistant License Number PA-15503 to TUAN M. LE, Physician Assistant (Respondent). The Physician's Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2006, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Physician Assistant Committee (Committee) of the Medical Board of California, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Section 3527 of the Code provides that the committee may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician's assistant certificate for unprofessional conduct which includes, but is not limited to, a violation of Chapter 7.7 of Division 2 of the Code, a violation of the Medical Practice Act, or a violation of the regulations adopted by the committee or the board.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

6. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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1 "(1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single negligent
3 act.

4 "(2) When the standard of care requires a change in the diagnosis, act, or
5 omission that constitutes the negligent act described in paragraph (1), including, but not
6 limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's
7 conduct departs from the applicable standard of care, each departure constitutes a separate
8 and distinct breach of the standard of care.

9 "(d) Incompetence.

10 "(e) The commission of any act involving dishonesty or corruption which is
11 substantially related to the qualifications, functions, or duties of a physician and surgeon.

12 "(f) Any action or conduct which would have warranted the denial of a
13 certificate."

14 7. Section 2242 of the Code states:

15 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
16 4022 without a good faith prior examination and medical indication therefor, constitutes
17 unprofessional conduct.

18 "(b) No licensee shall be found to have committed unprofessional conduct within
19 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
20 furnished, any of the following applies:

21 "(1) The licensee was a designated physician and surgeon or podiatrist serving in
22 the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if
23 the drugs were prescribed, dispensed, or furnished only as necessary to maintain the
24 patient until the return of his or her practitioner, but in any case no longer than 72 hours.

25 "(2) The licensee transmitted the order for the drugs to a registered nurse or to a
26 licensed vocational nurse in an inpatient facility, and if both of the following conditions
27 exist:

28 ///

1 "(A) The practitioner had consulted with such registered nurse or licensed
2 vocational nurse who had reviewed the patient's records.

3 "(B) The practitioner was designated as the practitioner to serve in the absence of
4 the patient's physician and surgeon or podiatrist, as the case may be.

5 "(3) The licensee was a designated practitioner serving in the absence of the
6 patient's physician and surgeon or podiatrist, as the case may be, and was in possession of
7 or had utilized the patient's records and ordered the renewal of a medically indicated
8 prescription for an amount not exceeding the original prescription in strength or amount
9 or for more than one refilling.

10 "(4) The licensee was acting in accordance with Section 120582 of the Health and
11 Safety Code."

12 8. Section 725 of the Code states:

13 "Repeated acts of clearly excessive prescribing or administering of drugs or
14 treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts
15 of clearly excessive use of diagnostic or treatment facilities as determined by the standard
16 of the community of licensees is unprofessional conduct for a physician and surgeon,
17 dentist, podiatrist, psychologist, physical therapist, chiropractor, or optometrist.
18 However, pursuant to Section 2241.5, no physician and surgeon in compliance with the
19 California Intractable Pain Treatment Act shall be subject to disciplinary action for
20 lawfully prescribing or administering controlled substances in the course of treatment of a
21 person for intractable pain."

22 9. Section 2266 of the Code states: "The failure of a physician and surgeon to
23 maintain adequate and accurate records relating to the provision of services to their patients
24 constitutes unprofessional conduct."

25 10. Section 125.3 of the Code provides, in pertinent part, that the Division
26 may request the administrative law judge to direct a licensee found to have committed a
27 violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the
28 investigation and enforcement of the case.

1 11. Section 14124.12 of the Welfare and Institutions Code states, in pertinent
2 part:

3 "(a) Upon receipt of written notice from the Medical Board of California, the
4 Osteopathic Medical Board of California, or the Board of Dental Examiners of California,
5 that a licensee's license has been placed on probation as a result of a disciplinary action,
6 the department may not reimburse any Medi-Cal claim for the type of surgical service or
7 invasive procedure that gave rise to the probation, including any dental surgery or
8 invasive procedure, that was performed by the licensee on or after the effective date of
9 probation and until the termination of all probationary terms and conditions or until the
10 probationary period has ended, whichever occurs first. This section shall apply except in
11 any case in which the relevant licensing board determines that compelling circumstances
12 warrant the continued reimbursement during the probationary period of any Medi-Cal
13 claim, including any claim for dental services, as so described. In such a case, the
14 department shall continue to reimburse the licensee for all procedures, except for those
15 invasive or surgical procedures for which the licensee was placed on probation."

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Gross Negligence, Repeated Negligent Acts, Incompetence)**

18 12. Respondent is subject to disciplinary action under sections 2234 (B), (C),
19 and (D) on account of the following:

20 **Patient T. N.**

21 A. Between February 2003 and May 2004, respondent saw patient T.N.
22 seventeen times at the medical offices of Dr. K.P. in San Diego. During this 15 month period
23 there is no documentation respondent ever discussed this patient with Dr. K.P.

24 B. During this time frame the patient's blood sugar ranged from 174-547. On
25 two occasions blood chemistry panels revealed abnormal hemoglobin readings. No other
26 medically necessary tests for diabetic patients were administered.

27 C. Patient T.N. was also diagnosed with hypertension. Her blood pressures
28 was monitored on 13 of the 17 visits. It was uncontrolled on 8 of the 17 visits.

1 D. Patient T.N. was also diagnosed with hyperlipidemia, but there was no
2 laboratory documentation of this condition until six months after her initial visit.

3 E. On her initial visit, patient T.N. complained of right upper quadrant pain
4 for one year which was tender on examination. Respondent failed to order laboratory tests for
5 this problem until the seventh visit when lab results showed the patient had H. Pylori.

6 F. On the first visit, respondent recommended iron treatment in the form of
7 feosol without documenting iron deficient anemia. During the fifteen months he saw the patient,
8 respondent never ordered a CBC to confirm iron deficient anemia. Respondent administered
9 Vitamin B12 for the unconfirmed iron deficient anemia.

10 G. On February 23, 2003 and September 9, 2003, respondent injected the
11 patient with steroids without correlating them to a diagnosis.

12 H. Respondent diagnosed patient T.N. with osteoarthritis in her shoulders
13 following a minimal history and physical examination. He had the patient use simultaneously
14 Celebrex and a non-steroidal anti-inflammatory. Respondent prescribed Tylenol #3 without
15 patient specific orders.

16 I. After patient T.N. complained on or about July 23, 2003, of numbness and
17 tingling to hands and feet associated with low back pain, respondent diagnosed peripheral
18 neuropathy without substantiating it by history, physical examination, or lab findings.

19 **Patient S. O.**

20 J. Respondent saw patient S.O. 18 times between February 2002 and
21 November 2003, at Dr. K.P.'s office in San Diego. Respondent failed to document having
22 consulted with Dr. K.P. at any time during this twenty-one month period.

23 K. Patient S.O. first presented in February 2002 with a cough. Respondent
24 took a minimal history assessing the patient with hypertension and post cerebral vascular
25 accident. There was no history to document the assessment, nor was there a mention of the
26 patient's current medications. There was no recommended follow-up to monitor the patient's
27 hypertension, nor was there post stroke treatment mentioned.

28 ///

1 L. Respondent diagnosed the patient with osteoarthritis, gouty arthritis,
2 insomnia, and dehydration for which there was no documented substantiation.

3 M. During one of the visits, Respondent gave the patient vitamin B6 for
4 patient S.O. without medical cause.¹

5 N. On another visit, respondent ordered drugs for the treatment of gout
6 without ordering a uric acid test to confirm the gout. He also treated the gout with Depo Medrol
7 which is not indicated.²

8 O. On two occasions, respondent diagnosed patient S.O. with dehydration
9 while failing to evaluate the patient for dehydration by measuring for orthostatic changes in
10 blood pressure and pulse, and checking for ketones in the urine.

11 P. On two occasions respondent ordered Tylenol #3 for patient S.O. without
12 patient specific orders.

13 **Patient T.O.**

14 Q. Respondent saw patient T.O. on twenty six occasions between January
15 2002 and May 2004, at Dr. K.P.'s office in San Diego. Respondent failed to document
16 consulting with Dr. K.P. at any time during the care of this patient.

17 R. Patient T.O. first presented to respondent in January 2002. Respondent
18 did not document a chief complaint, although he assessed the patient with an upper respiratory
19 infection and inflammation of the breast. Respondent did not document redness, swelling or
20 describe scarring of the breast. He treated the patient with Amoxicillin and Tylenol #3, with no
21 recommendation for follow up or consultation with the surgeon who had performed breast
22 surgery on the patient.

23 S. On or about March 11, 2002, respondent gave the patient Neurontin and
24 Vitamin B6 without an appropriate medical indication.

25 T. Respondent assessed the patient with poor appetite which was not
26

27 1. The date of this visit is illegible

28 2. The date of this visit is also illegible.

1 substantiated by either history or dramatic weight changes. He prescribed the patient Megace.

2 U. On or about April 5, 2002, respondent diagnosed the patient with
3 peripheral neuropathy in the absence of a sufficient history, examination, or lab findings to
4 substantiate the diagnosis. Peripheral neuropathy appeared as a diagnosis on seventeen of the
5 twenty-six visits with no documentation as to the cause or the status of the condition.

6 V. On or about October 11, 2002 and December 2, 2002, patient T.O.
7 presented complaining of diarrhea. Respondent ordered lab tests but failed to obtain the results.

8 W. On or about October 11, 2002, a CBC indicated the patient had macrocytic
9 anemia. Respondent did not do any further evaluation.

10 X. On or about June 11, 2003, and on eight additional visits, respondent
11 diagnosed the patient with asthma in the absence of documented wheezing, and without testing
12 peak flows.

13 13. During his care, treatment, and management of patients T.N., S.O., and
14 T.O. respondent committed gross negligence and repeated negligent acts, and demonstrated
15 incompetence, by reason of, but not limited to, the following:

16 A. Respondent failed to consult with his supervising physician during the
17 period of treatment for all three patients.

18 B. Respondent failed to properly follow up on patient T.N.'s abnormal
19 hemoglobin readings.

20 C. Respondent failed to properly follow up on patient T.N.'s hypertension.

21 D. Respondent failed to properly follow up on patient T.N.'s hyperlipidemia.

22 E. Respondent failed to properly follow up on patient T.N.'s upper right
23 quadrant pain.

24 F. Respondent failed to order a CBC to confirm patient T.N.'s iron deficient
25 anemia.

26 G. Respondent injected patient T.N. with steroids without correlating them to
27 a diagnosis.

28 ///

- 1 H. Respondent had patient T.N. simultaneously use Celebrex and a non-
2 steroidal anti-inflammatory.
- 3 I. Respondent prescribed Tylenol #3 for patient T.N. without patient specific
4 orders.
- 5 J. Respondent diagnosed patient T.N. with peripheral neuropathy without
6 substantiating it by history, physical examination, or lab findings.
- 7 K. Respondent failed to monitor patient S.O.'s hypertension.
- 8 L. Respondent failed to provide patient S.O. with post stroke treatment.
- 9 M. Respondent diagnosed patient S.O. with osteoarthritis, gouty arthritis,
10 insomnia, and dehydration without documented substantiation.
- 11 N. Respondent ordered vitamin B6 for patient S.O. without medical cause.
- 12 O. Respondent prescribed patient S.O. drugs for the treatment of gout without
13 ordering a uric acid test to confirm the gout.
- 14 P. Respondent treated patient S.O. for gout with Depo Medrol which is not
15 indicated.
- 16 Q. Respondent diagnosed patient S.O. with dehydration while failing to
17 evaluate the patient for dehydration by measuring for orthostatic changes in blood pressure and
18 pulse, and checking for ketones in the urine.
- 19 R. Respondent prescribed Tylenol #3 for patient S.O. without patient specific
20 orders.
- 21 S. Respondent failed to document a chief complaint when patient T.O. first
22 presented.
- 23 T. Respondent failed to document redness, swelling or describe scarring of
24 patient T.O.'s breast.
- 25 U. Respondent failed to refer patient T.O. for a consultation with the surgeon
26 who had performed breast surgery on the patient.
- 27 V. Respondent prescribed Neurontin and Vitamin B6 for patient T.O. without
28 an appropriate medical indication.

1 W. Respondent assessed patient T.O. with poor appetite which was not
2 substantiated by either history or dramatic weight changes.

3 X. Respondent diagnosed patient T.O. with peripheral neuropathy in the
4 absence of a sufficient history, examination, or lab findings to substantiate the diagnosis.

5 Y. Respondent failed to document the cause or the status of patient T.O.'s
6 peripheral neuropathy.

7 Z. Respondent failed to obtain T.O.'s lab results following her complaints of
8 diarrhea.

9 AA. Respondent inappropriately prescribed patient T.O. Megace.

10 BB. Respondent failed to properly evaluate patient T.O.'s macrocytic anemia.

11 CC. Respondent failed to test patient T.O.'s peak flows after diagnosing her
12 with asthma.

13 SECOND CAUSE FOR DISCIPLINE

14 (Prescribing Without Medical Examination)

15 14. Respondent is further subject to disciplinary action under section 2242 in
16 that during his care, treatment, and management of patients T.N., S.O. and T.O. respondent
17 prescribed medications in the absence of a good faith examination and medical indications
18 therefor. Paragraphs 12 (F), (G), (H), (M), (N), (P), (S), (T), and 13 (F), (G), (H), (I), (N), (P),
19 (R), (V), (AA) are incorporated by reference as if fully set forth herein.

20 THIRD CAUSE FOR DISCIPLINE

21 (Failure to Maintain Adequate Accurate Records)

22 15. Respondent is further subject to disciplinary action under section 2266 in
23 that during his care, treatment, and management of patients T.N., S.O., and T.O. respondent
24 failed to maintain adequate and accurate records. Paragraphs 12 (A)-(C), (E), (F), (H)-(L), (O) -
25 (W), and (Y), and 13 (A)-(I),(G), (I)-(M),(O),(Q)-(T), (W)-(Z), (BB), (CC) are incorporated by
26 reference as if fully set forth herein.

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1 FOURTH CAUSE FOR DISCIPLINE

2 (Excessive Prescribing)

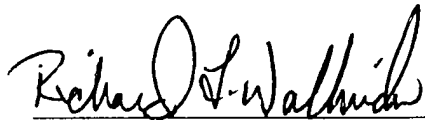
3 16. Respondent is further subject to disciplinary action under section 725 in
4 that during his care, treatment, and management of patients T.N., S.O., and T.O. respondent
5 excessively prescribed medications as set forth in paragraphs 12 (F)-(H), (M), (N), (P), (S), (T)
6 and 13 (G)-(I), (N), (P), (R), (V), and (AA), which are incorporated by reference as if fully set
7 forth herein.

8
9 PRAYER

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein
11 alleged, and that following the hearing, the Physician Assistant Committee issue a decision:

- 12 1. Revoking or suspending Physician's Assistant License Number PA-15503,
13 issued to TUAN M. LE, Physician Assistant.
- 14 2. Revoking, suspending or denying approval of TUAN M. LE's authority to
15 supervise physician's assistants, pursuant to section 3527 of the Code;
- 16 3. Ordering TUAN M. LE to pay the Physician Assistant Committee the
17 reasonable costs of the investigation and enforcement of this case, and, if placed on probation,
18 the costs of probation monitoring;
- 19 4. Taking such other and further action as deemed necessary and proper.

20 DATED: March 29, 2005

21
22 
23 RICHARD WALLINDER
24 Executive Director
25 Physician Assistant Committee
26 Department of Consumer Affairs
27 State of California
28 Complainant